

Complete Summary

GUIDELINE TITLE

Public health guidance for community-level preparedness and response to severe acute respiratory syndrome (SARS). Version 2. Supplement G: communication and education.

BIBLIOGRAPHIC SOURCE(S)

Centers for Disease Control and Prevention (CDC). Public health guidance for community-level preparedness and response to severe acute respiratory syndrome (SARS). Version 2. Supplement G: communication and education. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2003 Dec 29. 17 p.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version issued by the Centers for Disease Control and Prevention (CDC) on November 13, 2003.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Severe acute respiratory syndrome (SARS)

GUIDELINE CATEGORY

Management
Prevention

CLINICAL SPECIALTY

Preventive Medicine

INTENDED USERS

Public Health Departments

GUIDELINE OBJECTIVE(S)

To present suggestions and guidance to local and state communications specialists for communicating information about severe acute respiratory syndrome (SARS) transmission and disease

TARGET POPULATION

Persons requesting information on severe acute respiratory syndrome (SARS), including healthcare professionals, the general public, and the media

INTERVENTIONS AND PRACTICES CONSIDERED

Communications Plan

1. Training/education targeted toward specific audiences (e.g., healthcare professionals, general public, media)
2. Media/materials including:
 - Public health announcements
 - Fact sheets
 - Question-and-answer documents
 - Spokespersons and subject matter experts
 - Hotlines
 - Web sites
 - Reference materials

MAJOR OUTCOMES CONSIDERED

Effectiveness of media/communications plans used to guide the public, the media, and healthcare providers in responding appropriately and complying with exposure-control measures during the 2003 outbreak of severe acute respiratory syndrome (SARS)

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The guideline was prepared by the Centers for Disease Control and Prevention's (CDC) Severe Acute Respiratory Syndrome (SARS) Preparedness Committee, which was assembled to prepare for the possibility of future SARS outbreaks. The Committee includes eight working groups, each of which addressed a component of SARS preparedness and response. The working groups derived the guidance document from lessons learned during the 2003 epidemic, other CDC preparedness and response plans, and the advice, suggestions, and comments of state and local health officials and representatives of professional organizations, convened by means of teleconferences and meetings. Meetings were held on August 12-13, 2003 (public health preparedness and response), September 12, 2003 (preparedness in healthcare facilities), and September 18, 2003 (laboratory diagnostics).

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This is an updated version of the draft guidance document issued by the Centers for Disease Control and Prevention (CDC) on November 3, 2003. CDC revised the draft based on comments received from public health partners, healthcare providers, professional organizations, and others.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Priority Activities

- Identify key messages about severe acute respiratory syndrome-associated coronavirus (SARS-CoV) disease for specific audiences and the most effective methods to deliver these messages.
- Issue local public health announcements and updated information on the outbreak and response.
- Provide a location for state, local, and federal communication and emergency response personnel to meet and work side-by-side in developing key messages and handling media inquiries.
- Respond to frequently occurring media questions by preparing fact sheets, talking points (key messages), and question-and-answer documents.
- Coordinate requests for spokespersons and subject matter experts.

Preparing for a Communications Response

In the absence of severe acute respiratory syndrome (SARS) activity worldwide, states and localities need to prepare and disseminate messages to encourage vigilance for the possible reappearance of SARS-CoV and to specify activities to prevent its spread. Communications personnel need to assess communication needs and capacity, develop criteria and procedures for requesting Centers for Disease Control and Prevention (CDC) communications assistance, and develop mechanisms for coordinating the activities of on-site CDC communications experts with local/state communication resources. If SARS-CoV transmission is confirmed, the community will look to state and local health departments as an information resource. Public information officers and communications specialists should be prepared for the surge of requests and inquiries generated by reports of SARS activity. The following suggestions should be considered for optimal preparedness.

Objective 1: Assess the readiness of the jurisdiction to meet communication needs during a SARS outbreak.

Activities

- Assess the information needs of healthcare providers. Most healthcare providers lack experience with SARS and will need information on how to

diagnose, report, and manage possible cases. Communications specialists should have an understanding of healthcare provider knowledge about surveillance and reporting, diagnostics, transmission, exposure management, and issues such as concern for self-protection and possible use of quarantine and isolation.

- Assess the information needs of the general public. Public perceptions about SARS-CoV may reflect misunderstandings and inaccuracies that can exacerbate fears and may impede containment efforts. Assessment of public knowledge and beliefs should guide the preparation of risk communication messages and strategies. Information strategies may include surveys, focus groups, and consultation with professional and civic groups.
- Consider logistical considerations that can influence the effectiveness of health communications. Consideration may include:
 - Adequacy of printing/graphic design contracts and resources to meet emergency needs
 - Availability of tools (cell phones, e-mail equipment, laptops) needed by communications staff at the time of deployment. A "Go-Kit" to enable staff to set up operations wherever necessary is optimal.
 - Capacity of hotlines and web servers to accommodate increased usage
 - Availability of emergency personnel to staff hotlines and communication centers for extended hours and days
 - Adequacy of training in risk communication, media relations, and SARS-CoV epidemiology, clinical features, diagnostics, and surveillance.

Objective 2: In the absence of SARS-CoV transmission worldwide, make preparations for a rapid and appropriate communications response to a global recurrence or introduction into the United States.

Activities

- Prepare to manage media demands. The first jurisdiction(s) with possible or confirmed cases of SARS-CoV disease can expect a deluge of media attention. Local communications personnel will need to determine capacity and develop procedures for addressing demands. This may include requesting CDC communications assistance and coordinating the activities of on-site CDC and local/state communication resources.
- Increase the range and type of educational materials that will be available during an outbreak. As possible, coordinate efforts with other agencies and organizations to avoid duplication.
 - Develop a portfolio of communication, information, and education sources and materials on topics including clinical and laboratory diagnostics, infection control, isolation and quarantine, stigmatization management, travel control authority, legal issues, and agencies' roles and responsibilities.
 - Develop and present formal educational curricula and materials in multiple formats for professional audiences.
- Coordinate with partner agencies to prepare and establish appropriate public, healthcare provider, policy maker, and media responses to a case or outbreak of SARS-CoV disease, including an understanding of how the public health system will respond, roles and responsibilities of the different sectors

involved, and reasonable expectations regarding the scope and effect of public health actions.

- Establish protocols to communicate the data that will need to be reported daily after confirmation of SARS activity (e.g., morbidity and mortality figures, geographic location of cases, number of persons affected, and number of persons hospitalized).
- Establish a mechanism in advance for reviewing and clearing SARS-related messages and materials.
- Identify a spokesperson and subject matter experts who will be available during an outbreak. The spokesperson will require training in media relations and risk communication.
- Develop Web sites to help manage information requests. Materials may be developed in advance and stored on a server. Health departments may choose to use or adapt materials posted on [CDC's SARS Web site](#).
- Consider establishing a toll-free public information hotline. Although a CDC information hotline will be available during an outbreak, state and local health departments may also wish to provide this service for local residents. Hotline staff should be trained in advance and will need access to an evolving database of frequently asked questions.
- In coordination with other emergency response personnel, identify an algorithm or specific events that will activate emergency operations activities.
- Consider use of available federal assistance. If requested, CDC communication experts can be dispatched immediately to a community that has a confirmed case of SARS-CoV disease. These persons can help coordinate communication and media relations' activities in the field and assist in the coordination of communication with public and private healthcare providers and other agencies responsible for the outbreak response.
- Be aware of local resources. The local chapters of the American Lung Association and other organizations are helpful in disseminating educational messages to the community.

Objective 3: Increase knowledge about and awareness of SARS-CoV disease, and enhance understanding of preparations for the reappearance of SARS-CoV and the appropriate response to a global recurrence or introduction into the United States.

Activities

- Initiate the preparation and some dissemination of messages and materials to increase the knowledge of the public, healthcare professionals, policymakers, media, and others about SARS, travelers' advisories and alerts, infection control measures, patient management strategies, community containment measures including quarantine, and laboratory diagnostics. Public understanding of measures such as isolation and quarantine will facilitate acceptance of these approaches if needed.
- Use a variety of approaches (e.g., increasing information available through Web sites and the media, collaboration with professional and civic organizations) to increase the level of knowledge about SARS-CoV disease. Target information to healthcare providers, public health officials, policy makers, media, and other local partners.
- Be prepared to immediately address questions related to the initial case(s) and to provide guidance to the public regarding disease susceptibility,

diagnosis, and management. Case counts will need to be continually placed in context.

- Be prepared to address more complex questions. As is the case with most newly emerging microbial agents, most healthcare providers have never seen a case of SARS and will be relying on state/local health departments to provide needed information rapidly.
- Ensure the availability of communications products in multiple languages, based on the demographics of the jurisdiction. Health departments may choose to use or adapt translated materials on CDC's Web site.

Communications Activities in the Presence of SARS

Objective 1: Coordinate local/state and national communications efforts related to SARS.

Activities

- Make every effort to work in close consultation with CDC communications colleagues to ensure a consistent and accurate communications response.
- In the event of a widespread SARS outbreak in the United States, it may be necessary to establish a Joint Information Center (JIC) in field locations where outbreak(s) are occurring. Most state and local jurisdictions currently have plans in place to facilitate such an installation if necessary. The JIC will become operational at the beginning of a Health and Human Services (HHS)-wide federal response to the outbreak and will consist of representatives from all local, state, and federal agencies involved in the outbreak response. States and localities will coordinate all communication activities through the JIC or through an emergency communications center if the JIC has not been activated. The CDC Director's Emergency Operations Center (DEOC) will coordinate CDC's interface with the JIC. Additional information on the JIC is provided in Appendix G1 of the original guideline document.
- Interact, as appropriate, with CDC's Emergency Communication System (ECS). Once SARS activity is confirmed, CDC will activate the ECS to serve as a resource to state and local communications personnel and coordinate the federal public health communication response. ECS will direct all CDC SARS-related communication activities, including communication strategy development, key message development, CDC Web site management, materials development and dissemination, national media relations, media monitoring, and all other national communication components. Some ECS staff will be designated to focus on national level issues, whereas others will coordinate field personnel. The ECS will fully support JIC activities.
- Interact, as appropriate, with federal communication liaisons. To better understand and to encourage a reciprocal relationship between state and local communication officials, it is important to understand the roles of the federal communication liaisons in relation to the communications portion of the SARS response plan. Additional information can be found in Appendix G2 of the original guideline document.
- Harmonize messages used at the national and local levels (see "Key Messages" in the original guideline document).

Objective 2: Keep communications staff informed and ready with accurate, up-to-date information that is relevant to the situation in the jurisdiction.

Activities

- Establish a procedure for release of daily case counts at a specified time and location (e.g., Web site).
- Develop a "library" of SARS-related material for reference. Local and state health departments should develop a listing of SARS resources and references that can be readily available to communications and public information officers. Although information on SARS is available from multiple sources, CDC's Web site offers the most up-to-date official information. Local and state health departments should visit the CDC Web site at <http://www.cdc.gov/ncidod/sars/> for updated guidance, protocols, press releases, travel advisories, and educational materials in other languages.
- Equip all communications staff with a resource booklet identifying Web sites relating to SARS. Have the information technology department bookmark these links on staff members' workstations.
- Maintain a library of relevant articles and publications in hard copy for use during field operations.
- Know the community. Ensure that communication materials address the language needs and cultural aspects of the affected community.
- Know your hotlines. Hotlines can provide ongoing guidance on new messages and materials that need to be developed to respond to public inquiries and concerns.
- Coordinate and maintain communication with local partners, such as:
 - Public affairs directors and information officers from local and state health departments
 - City and state government public affairs offices
 - Local congressional delegation and offices
 - Local police and fire departments and emergency management officials
 - Regional Health and Human Services health officers and regional Office of Emergency Preparedness
 - Local hospital public relations/affairs departments
 - State and local Emergency Operations Center coordinators
 - Federal Emergency Operations Centers

Objective 3: Communicate key messages, and provide up-to-date information on global and domestic SARS activity.

Activities

- Participate in and make available federal agency telebriefings and satellite broadcasts on SARS.
- Use Web sites as a central component in managing information requests from the public. Strategically designed Web sites can be used to organize and quickly provide information, updates, fact sheets, responses to frequently asked questions, healthcare provider resources, and media materials to a range of audiences.
- Provide information for travelers. SARS activity anywhere in the world will prompt immediate attention to travelers' movements to and from affected areas and will likely result in travelers' alert messages and surveillance at relevant ports of entry.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation. The working groups derived the guidance document from lessons learned during the 2003 epidemic, other Centers for Disease Control and Prevention (CDC) preparedness and response plans, and the advice, suggestions, and comments of state and local health officials and representatives of professional organizations.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Public confidence in the nation's public health system and its ability to respond to and manage an outbreak of severe acute respiratory syndrome (SARS)
- Maintenance of order, minimization of public panic and fear, and facilitation of public protection through the provision of accurate, rapid, and complete information
- Accurate, consistent, and comprehensive information about SARS-associated coronavirus (SARS-CoV) disease
- Effective handling of rumors, inaccuracies, and misperceptions, and prevention of stigmatization of affected groups

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The appendices in the original guideline document provide tools for implementation as follows:

- Appendix G1: Fact Sheet: Joint Information Center
- Appendix G2: Media Relations
- Appendix G3: Community Relations/Outreach
- Appendix G4: CDC Field Communications Liaisons

Educational Tools and Resources

Severe acute respiratory syndrome (SARS) educational tools and resources focus on understanding what is known about SARS-associated coronavirus (CoV)

disease and reinforcing infection control practices as the key to the prevention and control.

- **Archived satellite broadcasts and webcasts:** Archived satellite broadcasts and webcasts provide a comprehensive review of infection control practices, clinical diagnosis and management, quarantine and community containment, legal challenges, laboratory diagnostics, and surveillance activities. Archived webcasts include the following:
 - [Public Health Community Preparedness for Severe Acute Respiratory Syndrome \(SARS\)](#)
 - [Preparing for the Return of SARS: Are We Ready?](#)
 - [SARS: When a Global Outbreak Hits Home](#)
- **PowerPoint slides:** The Centers for Disease Control and Prevention (CDC) has developed several PowerPoint presentations based on the material in Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) (<http://www.cdc.gov/ncidod/sars/sarsplanslides.htm>). Topics include: surveillance, laboratory diagnostics, preparedness and response in healthcare facilities, community response and containment, and communication and education.
- **Educational tools:** Educational materials (currently under development) focus on SARS preparedness and infection control practices. These downloadable resources include reviews of personal protective equipment (PPE) and training activities for healthcare settings. Tools currently under development include:
 - Informational PPE slide set
 - Accompanying PPE poster in English and Spanish
 - Training scenarios for healthcare settings
 - Warning signage for patients at risk of exposure to SARS-CoV (suitable for entrances to healthcare facilities).

Announcements regarding the availability of these materials will be posted on [CDC's SARS Web site](#).

IMPLEMENTATION TOOLS

Patient Resources
Slide Presentation

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Centers for Disease Control and Prevention (CDC). Public health guidance for community-level preparedness and response to severe acute respiratory syndrome (SARS). Version 2. Supplement G: communication and education. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2003 Dec 29. 17 p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Nov 3 (revised 2003 Dec 29)

GUIDELINE DEVELOPER(S)

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Centers for Disease Control and Prevention Severe Acute Respiratory Syndrome (SARS) Preparedness Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version issued by the Centers for Disease Control and Prevention (CDC) on November 13, 2003.

GUIDELINE AVAILABILITY

Electronic copies: Available from the Centers for Disease Control and Prevention (CDC) Web site:

- [HTML Format](#)
- [Microsoft Word](#)
- [Portable Document Format \(PDF\)](#)

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- In the absence of SARS-CoV transmission worldwide: guidance for surveillance, clinical and laboratory evaluation, and reporting. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8. 15 p.

Electronic copies: Available from the [CDC Web site](#).

- Clinical guidance on the identification and evaluation of possible SARS-CoV disease among persons presenting with community-acquired illness. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8. 15 p.

Electronic copies: Available from the [CDC Web site](#).

- PowerPoint Slide Set: Public Health Guidance for Community-Level Preparedness and Response to SARS: Communication and Education.

Electronic copies: Available from the [CDC Web site](#) in PDF format and as Microsoft PowerPoint downloads.

See also:

- Appendix G1: Fact Sheet: Joint Information Center.
- Appendix G2: Media Relations.
- Appendix G3: Community Relations/Outreach.
- Appendix G4: CDC Field Communications Liaisons.

Electronic copies: Available from the [CDC Web site](#) in PDF format and as Microsoft Word downloads.

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

PATIENT RESOURCES

The following is available:

- Information for SARS Patients and Their Close Contacts. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Feb 6.
- Infection Control Precautions for SARS Patients and Their Close Contacts in Households. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8.

Electronic copies: Available from the [Centers for Disease Control and Prevention \(CDC\) Web site](#).

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

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Date Modified: 11/3/2008

